U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

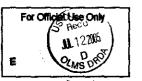
FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

Telephone Number

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 2672

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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mber 000-030
om Number, if any
Avenue
ZIP Code + 4 10016
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action, or Income.
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Name of Person Filing Joyce Reehling		File Number U-	2612	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines ively seeking to represent, or directly to, or otherwise	5		207 3
8. Name and address of Business (including trade name, if any). Name AFTRA Health & Retirement Funds	9. Business deals with:			
Trade Name, if any:	a. Labor Organiza	tion		ļ
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 261 Madison Avenue Civ New York				
State New York ZIP Code + 4 10016				}
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.	and the second second second second second	
Name AFTRA Health & Retirement Funds	Trustee/ Reimburse Redesign Committee	ment of travel meeting 1/16	, meals expen 5/04-1/20/04	ses.
P.O. Box, Bidg., Room No., if any				
Street 261 Madison Avenue	11.b. Approximate dollar vali	ue of grich dealing		\$231
City New York State New York ZIP Code + 4 10016	12.a. Nature of interest hell Reimbursement	d or income received	1.	
			e more entre e	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money			The plant of the second section of the section of the second section of the section of the second section of the section of	\$231
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The state and the state of the	and the second second second second	.,
Name :				.
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any Street				
City				
State ZIP Code + 4		<u></u>	<u></u>	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 10. if 9.b. or 9.c. is checked give trust or employer's name. 9. Business deals with: a. Labor Organization c. Employer 11.a. Nature of such dealing.
a. Labor Organization Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 10. If 9.b. or 9.c. is checked give trust or employer's name.
P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 10. If 9.b. or 9.c. is checked give trust or employer's name.
City New York State New York ZIP Code + 4 10016 10. If 9.b. or 9.c. is checked give trust or employer's name. Trustee
State New York ZIP Code + 4 10016 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing.
Thirds
Trustee
Name AFTRA Health & Retirement Funds
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 261 Madison Avenue
City New York
State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$1,
12.a. Nature of interest held or income received.
Reimbursement for airfare. February Trustee Boar meeting 2/08/04-2/11/04 Los Angeles
12.b. Amount. \$1,:

4/2/30

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue	Trustee	
City New York		
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Breakfast/lunch/ Caucus dinner 2/08/04-2/11/04 February Trustee Bo All catering/per person amount	\$246 pard meeting
	12.b. Amount.	\$246

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 261 Madison Avenue	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Common terms and a section of the common terms
Name AFTRA Health & Retirement Funds	Trustee	:
Trade Name, if any:	The state of the s	:
P.O. Box, Bldg., Room No., if any		:
Street 261 Madison Avenue		:
City New York		and make distance and an extension energy make place to the process of the proces
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$374
	12.a. Nature of interest held or income received.	the second transfer of
	Reimbursement Expenses of February 2/08/04-2/11/04 (car service to/from airport, meals meeting	
	12.b. Amount.	\$374

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 261 Madison Avenue	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds	Trustee	
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		
Street 261 Madison Avenue		:
City New York	en e	SWEETER CONTROL OF THE CONTROL OF TH
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$41
	12.a. Nature of interest held or income received.	and the contract was a second of the contract
	Dinner, multiple Trustees, during meeting. Not catered. Executive paid/ per person cost: 41.00	Feb. Board Director of Funds
	12.b. Amount	\$41
		among tanggan managan ang paganah na paganah na ang

Part B Continuation Page

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Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York	Trustee
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$764
	12.a. Nature of interest held or income received. Lodging February Board Trustee meeting Los Angeles 2/08/04-2/11/04
	12.b. Amount. \$764

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds Trade Name, if any:	Trustee
P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue	
City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$80
	12.a. Nature of interest held or income received. Meals provided for June Board meetings 6/28/04-6/30/04
	12.b. Amount. \$80

Name of Person Filing	Joyce	Reehling
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Part B Continuation Page

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9. Name and address of Dusiness (including trade name if any)	9. Business deals with:
Name and address of Business (including trade name, if any).	
Name AFTRA Health & Retirement Funds	a. Labor Organization
Trade Name, if any:	
	D. Trust
P.O. Box, Bidg., Room No., if any	nes .
Street 261 Madison Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10016	
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	Trustee
Name AFTRA Health & Retirement Funds	
Trade Name, if any:	
and the second s	
P.O. Box, Bldg., Room No., if any	
Street 261 Madison Avenue	
City New York	
City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$29
	12.a. Nature of interest held or income received.
	Lunch provided 6/28/04-6/30/04 per person cost
	2 1 :
	The second of the first control of the control of t
	12.b. Amount \$29

Name of Person Filing	Joyce	Reehling
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling

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\$41

or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 9. Business deals with: 8. Name and address of Business (including trade name, if any). Name AFTRA Health & Retirement Funds a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 261 Madison Avenue City New York ZIP Code + 4 10016 State New York 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Trustee Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 :10016 \$41 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. June Board meeting meal expense 6/28/04-6/30/04 multiple trustees, per person cost.

12.b. Amount.

Name of Person Filing	Joyce	Reehling
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Part B Continuation Page

15030

Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds	Trustee
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 261 Madison Avenue	
City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$80
	12.a. Nature of interest held or income received. Reimbursement expenses Board of Trustees meetings 6/27/04-6/30/04 Dinner, cabs
	12.b. Amount \$80

160 3

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 261 Madison Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10016	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds	Trustee
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 261 Madison Avenue	
City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$154
	12.a. Nature of interest held or income received.
	Reimbursement of Lodging expenses for Presentation of Funds information/changes Washington DC Local 7/26/04-7/27/04
	12.b. Amount. \$154
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York	a. Labor Organization b. Trust c. Employer
State New York ZIP Code + 4 10016	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds	Trustee
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 261 Madison Avenue	
City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$563
	12.a. Nature of interest held or income received. Lodging expense
	Audit and Redesign Committee meetings Los Angeles
	6/02/04-6/04/04
	12.b. Amount \$563

Name of Person Filing	Joyce	Rechling
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Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 10. If 9 b. or 9.c. is checked give trust or employer's name. Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 :10016 11.a. Nature of such dealing. Trustee 11.a. Nature of such dealing. Trustee 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04 transportation/meal		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York 7 In a. Nature of such dealing. Trustee 11.a. Nature of such dealing. Trustee 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursenent expenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	8. Name and address of Business (including trade name, if any).	9. Business deals with:
P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement exxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04		a. Labor Organization
Street 261 Madison Avenue City New York State New York Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York ZIP Code + 4 10016 11.a. Nature of such dealing. Trustee Trustee 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	Trade Name, if any:	b. Trust
City New York State New York 10. If 9.b. or 9.c. is checked give trust or employer's name. Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4:10016 11.a. Nature of such dealing. Trustee 11.a. Nature of such dealing. Trustee 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	P.O. Box, Bldg., Room No., if any	
State New York ZIP Code + 4 10016 10. If 9.b. or 9.c. is checked give trust or employer's name. Name 'AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement expenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	Street 261 Madison Avenue	c. Employer
11.a. Nature of such dealing. Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement expenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	City New York	
Name :AFTRA Health & Retirement Funds Trustee P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York Tl.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	State New York ZIP Code + 4 10016	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement expenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	Name AFTRA Health & Retirement Funds	Trustee
Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	Trade Name, if any:	
City New York State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement expenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	P.O. Box, Bldg., Room No., if any	
State New York ZIP Code + 4 10016 11.b. Approximate dollar value of such dealing. \$297 12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	Street 261 Madison Avenue	
12.a. Nature of interest held or income received. Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	City New York	
Reimbursement esxpenses Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04	State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$297
Presentation to Nashville Local Funds information and changes 8/22/04-8/23/04		12.a. Nature of interest held or income received.
and changes 8/22/04-8/23/04		Reimbursement esxpenses
transportation/meal		and changes
		transportation/meal
12.b. Amount. \$297		12.b. Amount. \$297

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	
Street 261 Madison Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10016	in the state of th
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds	Trustee
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 261 Madison Avenue	
City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$893
	12.a. Nature of interest held or income received.
	Reimbursement of Travel & registration fee professional training and seminar, Washington D.C.
	International Foundation of Employee Benefit Plans (IFEBP) 5/15/04-5/19/04
	12.b. Amount. \$893

Name	of Persor	Filina	Tovce	Rechling
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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds	Trustee	
Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street 261 Madison Avenue		
City New York	В сель и на должна выполнения по выполнения по на принцения по принцения по принцения по принцения по должна п	id and the gain of the gains of the color of the gain and the gain of the color of
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$154
	12.a. Nature of interest held or income received.	were the second transfer section of the second transfer of the second
	meals provided for Audit and Redes meetings 6/03/04-6/04/04	ign committee
	12.b. Amount.	\$154

Name of Person Filing	Toyce	Pachling
Lighting Of Led Gott 1 miles	Joyce	Reenling

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds	Trustee	an Makan sebimasi Tiran sensa a 111 majar masa masa
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		} ;
Street 261 Madison Avenue		:
City New York		;
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$65
	12.a. Nature of interest held or income received.	a anthem arrange and the arrange are as a second for all the second and are a second as a second as a second a
	Meals provided at Trustee meeting	6/28/04-6/30/04
	12.b. Amount	\$65

8. Name and address of Business (including trade name, if any). Name AFTRA Health & Retirement Funds	9. Business deals with: a. Labor Organization
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bkdg., Room No., if any Street 261 Madison Avenue City New York	11.a. Nature of such dealing. Trustee
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$448 12.a. Nature of interest held or income received. Transportation, meal Presentation to Washington DC Local Funds information/changes 7/26/04-7/27/04

433

Name and address of Business (including trade name, if any).	9. Business deals with:	······································
Name AFTRA Health & Retirement Funds	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue	c. Employer	
City New York	s west	
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds	Trustee	· · · · · · · · · · · · · · · · · · ·
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		:
Street 261 Madison Avenue		
City New York		
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$97
	12.a. Nature of interest held or income received.	eta panataka kanasa
	June Board of Trustee meetings Food provided to Caucus dinner 6/27/04-6/30/04	
	per person amount	
		:
	An examination as a hinger interpretation of the control of the co	TOTAL CONTROL OF THE
	12.b. Amount	\$97

Name of Person Filing Joyce Reehling	Name of Person	Filina	Jovce	Rechling
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 261 Madison Avenue	c. Employer	
City New York State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds	Trustee	
P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue		
City New York		
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$259
	12.a Nature of interest held or income received. Caucus meeting June Board of Trustees Meet: 6/28/04-6/30/04 meals	
	12.b. Amount	\$259

2393

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code + 4 10016	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	······································
Name AFTRA Health & Retirement Funds	Trustee	The second secon
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	A control of the cont	:
Street 261 Madison Avenue		:
City New York		:
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$889
	12.a. Nature of interest held or income received.	
	Lodging for June Board of Trustees Meet:	ing
	6/27/04-6/30/04	!
		; ; ;
	12.b. Amount	\$889

24930

Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 261 Madison Avenue City New York	a. Labor Organization b. Trust c. Employer
State New York ZIP Code + 4 10016	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trustee
Street 261 Madison Avenue City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$1,016
	12.a. Nature of interest held or income received. Lodging October Board of Trustees Meeting 10/24/04-10/27/04
	12.b. Amount. \$1,016

23030

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bkdg., Room No., if any Street 261 Madison Avenue City New York State New York ZIP Code +4 10016	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenue City New York	Trustee	•
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$26
	12.a. Nature of interest held or income received. October Board of Trustees meeting Lunch provided	
	12.b. Amount	\$26

Name	of i	Person	Filina	Jovee	Reehling
1 441114	~,,,	C10011		JOVCE	KEEHI III

Part B Continuation Page

26 230

8. Name and address of Busines	ss (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Re	etirement Funds	a. Labor Organization	
P.O. Box, Bldg., Room No., if an	y [b. Trust	
Street 261 Madison Avenu	ue.	c. Employer	
City New York	The second secon		
State New York	ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give tru	ust or employer's name.	11,a. Nature of such dealing.	
Name AFTRA Health & Re Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Avenu		Trustee	
TOWN TOWNS AND THE TAX TO A TOWN TO A TOWN TOWN			garan panganan kalang kala Kalangganan kalang
State New York	ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. October Board of Trustees Meetings Breakfast/lunch provided 10/28/04-10/27/04	\$60
		12.b. Amount.	\$60

240,30

	y
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AFTRA Health & Retirement Funds	a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 261 Madison Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10016	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AFTRA Health & Retirement Funds	Trustee
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 261 Madison Avenue	
City New York	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing. \$457
	12.a. Nature of interest held or income received.
	Reimbursed expenses Audit Committee meeting and October Board of Trustees meeting 10/24/04-10/27/04
	12.b. Amount. \$457

Name of Person Filing	Jovce	Reehling
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Part B Continuation Page

49 30

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFTRA Health & Retirement Funds	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 261 Madison Avenue	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	And the same of th
Name AFTRA Health & Retirement Funds	Trustee	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 261 Madison Avenue		
City New York		and the second of the second o
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$171
	12.a. Nature of interest held or income received.	and the second of the second o
	Lodging	:
	Presentation to Nashville Local Fu changes	nds information/
		: : :
		i
	12.b. Amount.	\$171

Name of Person Filing	Joyce	Reehling
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name The Segal Company Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street One Park Avenue	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	a seed and a seed a
Name AFTRA Health & Retirement Funds	Consultant to the Funds for Health Benef	its
Trade Name, if any:		: :
P.O. Box, Bidg., Room No., if any		
Street 261 Madison Avenue		:
City New York		ng internal process and a second
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$48
	12.a. Nature of interest held or income received.	
	Meeting on benefit changes/redesign	
	Lunch discussion, Segal paid	:
	Per person amount	:
		:
		:
	The state of the s	· was a proper with the con-
	12.b. Amount.	\$48:

Name	of Person	Filina	Joyce	Reehling
1401140	OI 1 C10011		JUYCE	Keeniting

Part 8 Continuation Page

28 3 Fe

8. Name and address of Business (inc	cluding trade name, if any).	9. Business deals with:		
Name Beeson Tayer Bodine, Trade Name, if any:	PC	a. Labor Organization		
P.O. Box, Bidg., Room No., if any		b. Trust		
Street 1404 Franklin Street		c. Employer		
City Oakland				
State California	ZIP Code + 4 94612			
10. If 9.b. or 9.c. is checked give trust or	employer's name.	11.a. Nature of such dealing.	and the second s	
Name AFTRA Health & Retir	ement Funds	Counsel to Funds		
Trade Name, if any:			· :	
P.O. Box, Bidg., Room No., if any				
Street 261 Madison Avenue		en manager de la companya de la comp	;	
Cky New York		Report manage integrals participal to page 1 to 10 to	ing the company of th	
State New York	ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$75	
		12.a. Nature of interest held or income received.	and the second section of the section o	
		Tony Elms, my husband, was taken t February Board meeting with Geoff for the Union Trustees) and other was in meetings. Beeson, Tayer and Tony	Piller (counsel Trustees while I	
		12.b. Amount.	\$75	

Name of Person Filing Jon	vce Reehling
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Part B Continuation Page

21 230

8. Name and address of Business (in	ocluding trade name if am/)	9. Business deals with:	
Vicinity commenters the annalysis result all the respective to the company of			
Name Salibello & Broder,	PC	a. Labor Organization	
Trade Name, if any:	er entre til men som er ett flik i spårtt på Manakaner i 1900 och store manner avaket för det sids om mes pån sids		
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 633 Third Avenue		c. Employer	
City New York	om vinn i mysesigamen nammhampyge sinn vinn i mendlyndi sin i nesen med vigovan omres.		
State New York	ZIP Code + 4 10017		
10. If 9.b. or 9.c. is checked give trust o	r employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Reti	To the state of th	Accountant firm for the Funds and	the Union
P.O. Box, Bklg., Room No., if any			
Street 261 Madison Avenue			
C#y New York			
State New York	ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$102
		12.a. Nature of interest held or income received.	
		Dinner in celebration of mutual frengagement. My husband and I atte Salibello paid for dinner. Value Elms and myself. Per person 50.	nded. Mr.
		12.b. Amount.	\$102

Name of Person Filing	Joyce	Rechling
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Part B Continuation Page

300 30

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IFEBP	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 18700 W. Blumond Rd.	c. Employer	
City Brookfield		
State Wisconsin ZIP Code + 4 53008-0069		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name AFTRA Health & Retirement Funds	Trustee	
Trade Name, if any:		:
P.O. Box, Bidg., Room No., if any		
Street 261 Madison Avenue		
City New York	The state of the second state and the second state of the second s	
State New York ZIP Code + 4 10016	11.b. Approximate dollar value of such dealing.	\$64
	12.a. Nature of interest held or income received.	Company and the second of the
	The Executive Committee of the International Foundation of Employee Benefit Plans(IFEBP)held a dinner at the Alliance of Motion Picture and TV Producers in Washington D.C. Management Trustees and Labor Trustees from various Funds attended.	
	12.b. Amount.	\$64
	<u></u>	CONTRACTOR AND CONTRACTOR AND